

EXHIBIT F-3

Indiana Proof of Claim no. 15355



WR Grace
 Bankruptcy Form 10
 Index Sheet

SR00000853

Claim Number: 00015355

Receive Date: 08/19/2003

Multiple Claim Reference

Claim Number _____

- ☐ MMPOC Medical Monitoring Claim Form
☐ PDPOC Property Damage
☐ NAPO Non-Asbestos Claim Form
☐ Amended

Claim Number _____

- ☐ MMPOC Medical Monitoring Claim Form
☐ PDPOC Property Damage
☐ NAPO Non-Asbestos Claim Form
☐ Amended

Attorney Information

Firm Number:

Firm Name:

Attorney Number:

Attorney Name:

Zip Code:

Cover Letter Location Number:

Attachments Medical Monitoring	Attachments Property Damage	Non-Asbestos
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	<input type="checkbox"/> Other Attachments
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
	<input type="checkbox"/> Other Attachments	
Other	<input type="checkbox"/> Non-Standard Form <input checked="" type="checkbox"/> Amended Claim # 15319 <input type="checkbox"/> Post-Deadline Postmark Date	

United States Bankruptcy Court District of DE (WILMINGTON)		PROOF OF CLAIM	
In re (Name of Debtor) WR GRACE & COMPANY		Case Number 01-1140	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. 503			
Name of Creditor (The person or other entity to whom the debtor owes money or property) INDIANA DEPARTMENT OF REVENUE		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and Address Where Notices Should be Sent INDIANA DEPARTMENT OF REVENUE BANKRUPTCY SECTION, ROOM N-203 100 NORTH SENATE AVENUE INDIANAPOLIS, IN 46204			
Telephone No. (317) 232-2289			
Account Or Other Number By Which Creditor Identifies Debtor 13-5114230		Check here if this claim <input type="checkbox"/> replaces <input checked="" type="checkbox"/> amends a previously filed claim dated 06/09/2003	
1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury / wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly)		<input type="checkbox"/> Retiree benefits as defined by U.S.C. 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed From _____ to _____ (date) (date)	
2. DATE DEBT WAS INCURRED SEE ATTACHMENT		3. IF COURT JUDGMENT, DATE OBTAINED:	
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured Nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.			
<input type="checkbox"/> SECURED CLAIM \$0.00 Attach evidence of perfection of security interest Brief description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$40,348.43 A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim. <input checked="" type="checkbox"/> UNSECURED PRIORITY CLAIM \$403,130.64 Specify the priority of the claim.		<input type="checkbox"/> Wages, salaries, or commissions (up to \$4000) earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. 507(a)(4) <input type="checkbox"/> Up to \$1950 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. 507(a)(7) <input checked="" type="checkbox"/> Taxes or other penalties of governmental units - 11 U.S.C. 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. 507(a) _____ <small>*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced after the date of adjustment.</small>	
5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED:	\$40,348.43 (Unsecured)	\$0.00 (Secured)	\$403,130.64 (Priority)
		\$443,479.07 (TOTAL)	
<input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
6. CREDITS AND SETOFF: The amount of all payments on this claim has been credited and deducted for the purposes of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		THIS SPACE IS FOR COURT USE ONLY JUN 19 2003 11:10:54 WR Grace BF.51.203.10128	
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8. TIME STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date: 06/13/2003	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) CAROL LUSHELL, Tax Analyst <i>Carol Lushell</i>		

Penalty for presenting fraudulent claim: Fine of up to \$500.00 or imprisonment for up to 5 years or both. 18 U.S.C. 152 and 371.

WR Grace BF,51.203.10128

00015355

SR=853

AMENDED WORKING PAPERS:

PAGE: 2 OF 2

NAME(S): W R GRACE & COMPANY

FID: 13-5114230

☐ PRE-PETITION☐ SECURED

CASE NUMBER: 01-1140

SSN:

☐ POST-PETITION☐ UNSECURED

DATE FILED: 04/02/2001

SSN:

CONFIRM DATE:

☐ PRIORITY

CHAPTER FILED: 11

TID#	TAX TYPE	LIAB NBR	LIAB TYPE	PERIOD ENDING	DUE DATE	PENALTY RATE	BASE TAX	INTEREST	PENALTY	CLERK COST	TOTAL CLAIM
0001048660	COR	199501709693	AUD	12/31/1995	04/16/1996	0.00%	\$3,017.61	\$1,056.25	\$0.00	\$0.00	\$4,073.86
		199601709673	AUD	09/28/1996	01/15/1997	0.00%	\$459.80	\$136.69	\$0.00	\$0.00	\$596.49
		199701725353	AUD	12/31/1997	04/15/1998	10.00%	\$8,962.04	\$1,862.27	\$0.00	\$0.00	\$10,844.31
		199902480316	BIA	12/31/1999	04/17/2000	10.00%	\$312,345.17	\$21,752.92	\$31,234.52	\$0.00	\$365,332.61
	RST	199502465732	AUD	12/31/1995	01/22/1996	10.00%	\$21,927.80	\$8,028.58	\$2,192.78	\$0.00	\$32,149.16
		199602465735	AUD	12/31/1996	01/21/1997	10.00%	\$11,100.97	\$3,287.41	\$1,110.10	\$0.00	\$15,498.48
		199702465737	AUD	12/31/1997	01/20/1998	10.00%	\$9,766.79	\$2,210.51	\$976.68	\$0.00	\$12,953.98
		199802465712	AUD	12/31/1998	01/20/1999	10.00%	\$1,425.24	\$222.81	\$142.52	\$0.00	\$1,790.57
	WTH	200000617363	RCH	12/31/2000	01/22/2001	10.00%	\$214.83	\$3.30	\$21.48	\$0.00	\$239.61

TOTALS:							\$369,220.25	\$38,580.74	\$35,678.08	\$0.00	\$443,479.07
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Secured Amount: \$0.00

General Unsecured Amount: \$40,348.43

Priority Amount: \$403,130.64

STATE of INDIANA



INDIANAPOLIS, 46204-2253

DEPARTMENT OF REVENUE

COMPLIANCE DIVISION
INDIANA GOVERNMENT CENTER NORTH
ROOM N203
100 N. SENATE AVE.

August 13, 2003

U.S. Bankruptcy Court
District of Delaware
824 Market Street, Fifth Floor
Wilmington, DE 19801

RE: W R Grace & Company (FID# 13-5114230)

Dear Sir or Madam:

Enclosed are the original and copies of amended claim of the Indiana Department of Revenue for filing in the above referenced cause.

Please return a file-stamped copy for our files to:

Indiana Department of Revenue
Compliance Division, Room n203
Bankruptcy Section
100 North Senate Avenue
Indianapolis, Indiana 46204

Thank you for your courtesy in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Carol Lushell".

Carol Lushell
Bankruptcy Tax Analyst
(317) 232-2190